

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10712632 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	X					
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	X					
18	X					
19						
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	8	↔	↔	↔	↔	
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		██████████	██████████	██████████	██████████	